

WRMA

Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

**SERVICE AREA 3 – SAN GABRIEL VALLEY
COMMUNITY FORUMS**

CONDUCTED FOR THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN
IN LOS ANGELES COUNTY

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I. OVERVIEW

The Los Angeles County Department of Mental Health (LACDMH) is engaged in an intensive, inclusive, and multi-faceted approach to developing the County's Prevention and Early Intervention (PEI) Plan to be funded through the Mental Health Services Act (MHSA) enacted by California voters in 2004.

The focus for developing the PEI Plan is at the Service Area level, utilizing informational meetings, key individual interviews, focus groups, and community forums in each of the eight geographic areas of Los Angeles County. Because each Service Area has distinct and varying populations, geography, and resources, it is critical for PEI services to be specific and responsive to regional and community-based needs.

PURPOSE. The community forums presented an exciting opportunity for community participants to make recommendations regarding priority populations and strategies for their communities that will help keep community members healthy.

This report presents the findings from the two Community Forums conducted in Service Area 3– San Gabriel Valley. The purpose of the Community Forums was:

1. To introduce participants to the Department of Mental Health's Prevention and Early Prevention planning efforts.
2. To summarize what was learned from existing research, other community residents and service providers in this service area about needs, barriers and strategies for providing quality prevention and early intervention mental health services, and
3. To hear suggestions for where and to whom Prevention and Early Intervention services should be provided.

OUTCOMES. The Community Forums had two specific outcomes:

1. To identify the specific priority populations to be served in this service area.
2. To develop recommendations for strategies to serve these priority populations.

II. COMMUNITY FORUM METHODOLOGY

The community forums were designed to provide community members an additional opportunity to provide their input regarding priorities and strategies for addressing the six MHSA priority populations. With one exception (i.e., Service Area 1), a total of two community forums were held in each service area, for a total of 15 service area community forums. In addition, one countywide forum was held that focused on specific populations. Each community forum was organized around age- and language-specific breakout sessions/groups for which community members registered in advance. Each service area community forum followed the same format and procedures.

PARTICIPANTS. Participants were community members interested in taking part in a discussion about the mental health service strategies that would most effectively address the mental health needs in their communities.

- Each Service Area Advisory Committee conducted a concerted outreach effort to educate the public about the MHSA and the PEI planning process. Outreach efforts also placed a large emphasis on encouraging community members to attend the community forums and provide their ideas and suggestions on effective ways to improve the social and emotional well-being of people in their communities.
- When interested community members registered to attend the community forum in their Service Area, they also elected to participate in one of the following five age-specific breakouts: 1) Children 0 to 5 years; 2) Children 6 to 15 years; 3) Transition-Age Youth, 16 to 25 years; 4) Adults 26 to 59 years; and, 5) Older Adults 60 years or older. Additional language-specific breakout sessions were conducted as needed. Each breakout session was comprised of no more than 35 participants.
- A total of 259 community members attended the two community forums held in Service Area 3 and represented a diverse array of community sectors. Of the 259 participants, 33 percent represented mental health providers, 17 percent represented consumers and underserved individuals, 12 percent represented education, and 11 percent represented parents and families of consumers. Between 1 and 10 percent represented social services (10%), health (5%), community family resource centers (4%), and law enforcement (1%). Five percent of participants did not indicate which sector they represented.
- A total of 13 age- and language-specific breakout sessions were held across the two community forums conducted in Service Area 3. A breakdown of the number of community participants in each breakout session/group by community forum is presented in Table 1.

Table 1.
Community Forum Attendance by Location and Breakout Group

Location	Children 0 to 5	Children 6 to 15	Transition-Age Youth 16-25	Adults 26-59	Older Adults 60+	Adults & Older Adults 26-60+	Mandarin	Cantonese	Vietnamese	Total
Pasadena	29	25	25	27		28	15	16		165
Glendora	6	20	15	30	8				15	94
Total by Group	35	45	40	57	8	28	15	16	15	259

FORMAT. The community forums were organized and conducted in the same manner based on a three-hour or three-hour and fifteen minute time period. One of the two community forums in each Service Area was conducted on a weekday and the other on a Saturday, and took place either in the morning or in the late afternoon/early evening. Translators were available for mono-lingual speakers of various languages. The agenda at the forums included: 1) A welcome from the Service Area District Chief; 2) An introduction to the MHSA and prevention and early intervention; 3) The results of the LACDMH needs assessment conducted in each area in terms of key indicators, key individual interview findings, and focus group findings; 4) Age- and language-specific breakout group discussions; 5) Key findings from breakout sessions/groups to all participants; and, 6) Final thoughts and acknowledgements from the District Chief and LACDMH staff.

BREAKOUT GROUPS. The age- and language-specific breakout sessions/groups were conducted by facilitators representing LACDMH as a neutral third-party. Each breakout session/group was conducted by a team of two staff members from Walter R. McDonald & Associates, Inc. (WRMA) and their subcontractors, EvalCorp Research & Consulting, Inc. and Laura Valles and Associates, LLC. One team member facilitated the breakout session/group, while another served as scribe and recorded participants' responses on flip charts, which participants could refer to throughout the discussion. The emphasis of the breakout groups was on identifying the top priority populations to be served in the service area and the appropriate strategies for the community.

III. SERVICE AREA 3 SUMMARY

Two community forums were held in Service Area 3 – San Gabriel Valley. The first was held on December 3, 2008 from 10:00 am to 1:00 pm at the Pasadena Convention Center in Pasadena, and the second one was held on December 6, 2008 from 10:00 am to 1:00 pm at Citrus College in Glendora.

A total of 13 age- and language-specific breakout sessions/groups were conducted in Service Area 3; of them, 10 were age-specific and represented the five CDMH age categories. The age-specific breakout groups were distributed as follows in Service Area 3: two groups representing Children 0-5; two groups representing Children 6-15; two groups representing Transition-age Youth (TAY), 16-25; two groups representing Adults, 26-59; one group representing Older Adults, 60 plus; and one group representing Adults and Older Adults combined. Additionally, there were 3 language-specific groups that were conducted in Mandarin, Cantonese, and Vietnamese. It is important to note that within the Vietnamese language-specific breakout group, participants were asked to prioritize two of the five age categories, as well as to prioritize one priority population under each age category. Participants in the Mandarin and Cantonese language-specific groups discussed priority populations as they related to Adults.

Table 2.
Summary of Breakout Groups' Priority Selections

Numbers in parentheses indicate the number of participants in the breakout group and the number of votes

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Children 0-5 Years		
December 3, 2008 Pasadena, CA (29)	1. Children/Youth in Stressed Families (22)	Mental health consultations and cross-training with and in early education and development settings.
	2. Underserved Cultural Populations (4)	Additional supports for caregivers and parents to access services, such as in-home, transportation assistance, and childcare.
December 6, 2008 Glendora, CA (6)	1. Children/Youth in Stressed Families (3)	Interdisciplinary, holistic approaches to services, including cross-training amongst professionals.
	2. Trauma Exposed (2)	Interdisciplinary, holistic approaches to PEI services, including cross-training amongst professionals.
Children 6-15 Years		
December 3, 2008 Pasadena, CA (25)	1. Children/Youth in Stressed Families (12)	Provide family resource centers in which all family members can access services in one location in a non-stigmatizing manner.

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
	2. Children and Youth at-risk of School Failure (7)	Increase youth programs and activities for all children that are engaging, provide a sense of connectedness among children, and are delivered in or out of school environments.
December 6, 2008 Glendora, CA (20)	1. Children/Youth in Stressed Families (7)	School-based strategies and programs (parent advocates, staff training, and initial access point).
	2. Underserved Cultural Populations (5)	Parent/child communication skills.
Transition Age Youth 16-25 Years		
December 3, 2008 Pasadena, CA (25)	1. Children/Youth in Stressed Families(13)	Education on the early signs of mental illness for law enforcement (probation and parole officers), school officials, DCFS and caregivers.
	2. Underserved Cultural Populations (7)	Outreach and education on access to PEI services in non-traditional settings (i.e. churches, grocery stores, etc.) using local and language specific media including the internet.
December 6, 2008 Glendora, CA (15)	1. Underserved Cultural Populations (5)	Provide community-based centers for youth engagement and activities.
	2. Children/Youth in Stressed Families (5)	Provide low-cost housing for TAY, with services and resources on-site.
Adults 26-59 Years		
December 3, 2008 Pasadena , CA (27)	1. Trauma Exposed (12)	Culturally and linguistically competent prevention and early intervention services.
	2. Underserved Cultural Populations (9)	Collaboration and integration between agencies.
December 3, 2008 Pasadena , CA Mandarin (15)	1. Underserved Cultural Populations (9)	Provide education, classes, and support groups for families.
	2. Individuals Experiencing Onset of Serious Psychiatric Illness (5)	Provide language-specific, low-fee, or free services.
December 3, 2008 Pasadena , CA Cantonese (16)	1. Underserved Cultural Populations (11)	Educate mental health/medical professionals, patients and their families, as well as society in general, on cultural sensitivity when providing treatments/assistance to minority groups such as the Chinese population.
	2. Trauma Exposed (5)	Education on mental health to media, professionals, patients and their families, and school personnel about signs, symptoms, and treatments for trauma exposure.

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
December 3, 2008 Pasadena, CA (Combined Adult/Older Adult) (28)	1. Underserved Cultural Populations (15)	Education on linguistic and cultural competence for public, gatekeepers, community, faith-based, doctors, mental health providers, and law enforcement.
	2. Trauma Exposed (11)	Education on linguistic and cultural competence for public, gatekeepers, community, faith-based, doctors, mental health providers, and law enforcement.
December 6, 2008 Glendora, CA Adult (30)	1. Individuals Experiencing Onset of Serious Psychiatric Illness (14)	Expanded localized services which include treatment criteria; availability of housing for those with mental health disorders; access to bilingual peer educators; transportation and services located in East Los Angeles; and 24 hour one- stop family resource centers.
	2. Trauma Exposed(8)	Establish one stop, 24 hour family resource centers in high-need neighborhoods.
Older Adults 60+ Years		
December 6, 2008 Glendora, CA (8)	1. Underserved Cultural Populations (5)	Provide linguistically and culturally appropriate outreach, education, services, and materials.
	2. Trauma Exposed (2)	Use a linguistically and culturally appropriate approach for the entire spectrum of PEI services, from outreach and materials to service delivery.
Vietnamese-Speaking Group		
December 6, 2008 Glendora, CA (15)	Adults-Ages 26-59(5)	
	1. Children/Youth in Stressed Families (6)	Free counseling services to prevent major mental health issues from developing.
	Children-Ages 0 to 5 (5 after tie-break)	
	2. Children/Youth in Stressed Families (4)	No-cost, open eligibility, linguistically appropriate prevention education services for <i>parents</i> such as parenting classes on how to raise children, early identification on mental problems, and legal information about child abuse and service access advocacy.

IV. TOP PRIORITY POPULATIONS SELECTED

After the facilitator introduced all the participants to the goals and focus of the breakout session/group, each participant was asked to vote on one of the six MHSA identified priority populations. Given the limited PEI resources, LACDMH requested the participants' assistance to identify which populations within a specific age group needs to be a priority for the provision of PEI services and supports. Table 3 shows the top two priority populations selected in each age category in Service Area 4.

In Table 3, each priority population selected by an age-specific breakout group is indicated by a check mark (✓). A denotation of "C" in the table indicates the priorities specified by the Cantonese-language breakout session/group, a denotation of "M" represents the Mandarin-language breakout session/group, and a denotation of "V" represents the Vietnamese breakout session/group.

Table 3. Top Two Priority Populations by Age Group

Priority Populations	Children, 0 to 5	Children, 6 to 15	Transition- Age Youth, 16 to 25	Adults, 26 to 59	Older Adults, 60+	Adults & Older Adults 26-60+
Underserved cultural populations	✓	✓	✓✓	✓MC	✓	✓
Individuals experiencing onset of serious psychiatric illness				✓M		
Children and youth in stressed families	✓✓V	✓✓	✓✓	V		
Trauma-exposed	✓			✓✓C	✓	✓
Children and youth at-risk for school failure		✓				
Children/youth at-risk of or experiencing juvenile justice involvement						

The two sessions/groups representing Children 0 to 5 selected Underserved cultural populations, Children and youth in stressed families, and Trauma-exposed individuals. The two sessions/groups representing Children 6 to 15 selected Underserved cultural populations, Children and youth in stressed families, and Children and youth at-risk for school failure as their top priorities. Revealing slightly less variation in their selections, the two sessions/groups representing Transition-Age Youth (16-25) selected Underserved cultural populations and Children and youth in stressed families as their top priority populations. The two sessions/groups representing Adults (26-59) voted Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals as their top priority populations. Lastly, the age-specific sessions/groups representing

both Older Adults (60 plus) and a combination of Adults (26-59) and Older Adults (60 plus) chose Underserved cultural populations and Trauma-exposed individuals.

Participants attending the Vietnamese-language session/group identified the following priorities: Children 0 to 5 (Children and youth in stressed families) and Adults 26-59 (Children and youth in stressed families). Both prioritizing Adults 26-59, the Mandarin-language session/group selected Underserved cultural populations and Individuals experiencing onset of serious psychiatric illness, and the Cantonese-language session/group selected Underserved cultural populations and Trauma-exposed individuals.

V. AGE GROUP RECOMMENDATIONS

The recommendations that emerged from the top priority populations selected in the breakout sessions/groups are presented below. Once each group had selected the top priority populations, they were asked to drill deeper and list the sub-populations that fell under each priority population.

Participants also were asked to identify strategies for addressing the mental health needs of the priority populations selected. At the end of the discussion, the strategies were consolidated and each participant was given an opportunity to vote for one strategy under each priority population. This section presents the top two to three strategies that emerged from those discussions as well as the sub-populations cited for each population by age group.

CHILDREN, 0-5 YEARS



PRIORITY POPULATIONS. Two age-specific breakout sessions/groups were conducted representing Children 0 to 5. In addition, Children 0 to 5 was selected as a priority age category in the Vietnamese-language breakout session/group. These three groups representing Children 0 to 5 identified three priority populations. Table 4 shows the distribution of groups by priority population and the number of participants in the groups who voted for the top priority populations representing Children 0 to 5. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups representing each priority population.

Table 4. Percentage of Participants Who Selected the Top Priority Populations for Children, 0 to 5

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and youth in stressed families	3	29	50	58%
Trauma-exposed	1	2	6	33%
Underserved cultural populations	1	4	29	14%

SUB-POPULATIONS. Table 5 displays how participants defined the sub-populations for Children and Youth In Stressed Families, Trauma-Exposed Individuals, and Underserved Cultural Populations.

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations		
	Group 1 (N=29)	Group 2 (N=6)	Group V (N=15)
Children and Youth in Stressed Families	<ul style="list-style-type: none"> • Physically or sexually abused children. • Children engaged with the child welfare system. • Children who have serious health care needs. • Children who are developmental delayed but do not fit criteria for services at regional centers. • Children with learning disabilities or ADHD. • Children in families who are socially isolated, such as immigrant families. • Children whose parents are teens. • Children with parents who are gang members. • Children whose parents are experiencing depression, substance abuse, or domestic violence. • Children whose parents have developmental disabilities and/or are seriously ill. • Children in families who are homeless, at-risk of being homeless, and/or lacking resources. • Unsupervised children due to parental or caregiver need to work multiple jobs. 	<ul style="list-style-type: none"> • Children in families exposed to violence and abuse, including gang or domestic violence. • Children exposed to substance abuse. • Children whose parents have a developmental delay, mental illness or chronic physical illness. • Children of incarcerated parents. • Children of single and/or teen parents. • Families living in poverty, homeless, and/or experiencing economic and social stress • Immigrant families, including those separated due to deportation. • Families with limited English language skills and/or limited education. 	<ul style="list-style-type: none"> • Autistic children. • Abandoned or neglected children and youth. • Children and youth who are abused physically and/or emotionally. • Children and youth who lack free child services in the community.
	Group 2 (N=6)		
Trauma-exposed	<ul style="list-style-type: none"> • Children exposed to their parents' involvement in illegal activities, such as selling drugs or gang activity. • Families with children in Head Start programs. • Prenatal lack of nutrition and/or exposure to drugs, alcohol, domestic violence, and/or abuse. 		

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations
	<ul style="list-style-type: none"> • Low birth weight babies. • Children in young, military families. • Children experiencing divorce and/or death in their immediate family. • Children in families with chronic illness or with siblings that have developmental delays. • Children who are abused, and/or witness domestic violence or other forms of violence. • Children experiencing separation from their caregiver, which may be due to foster care, incarceration, or deportation.
	Group 1 (N=29)
Underserved Cultural Populations	<ul style="list-style-type: none"> • Children in homeless families. • Religious minorities who may shun medical procedures. • Asian and Pacific Islanders. • Latinos/Hispanics with lack of knowledge, stigma, and fear regarding mental health. • African-American families experiencing stigma, educational, financial, transportation, and isolation issues. • Children of immigrant parents, and/or undocumented children and families who cannot access mental health services. • Children in limited or non-English speaking families. • Children with insurance that does not cover mental health services. • Children in non-traditional families, such as gay and lesbian families. • Families with newly adopted children with special needs.

STRATEGIES. The two to three top strategies selected by the three breakout sessions/groups representing Children 0 to 5 are presented in Table 6.

Table 6. Top Strategies by Priority Population: Children, 0 to 5

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=29)	Provide mental health consultation and cross-training with and in early education and development settings (n=8).	Train and educate parents regarding mental health, using both in-home and peer-to-peer methods (n=6).	Provide early and ongoing screenings for risk of mental health issues and child abuse (n=2).
	2 (N=6)	Use interdisciplinary, holistic approaches to services, including cross-trainings amongst professionals (n=3).	Provide funding and program flexibility to expand access and services (n=2).	Not identified.
	V (N=15)	Provide prevention education for parents, including parenting classes, early identification of mental problems, and legal information about child abuse and service access advocacy. Education to be free, without access criteria, and provided in Vietnamese (n=4).	Provide free childcare during parents' working hours without limits (n=3).	Not identified.
Trauma-exposed	2 (N=6)	Use interdisciplinary, holistic approaches to PEI services, including cross-trainings amongst professionals (n=4).	Provide school-based PEI consultations; including early education and development centers (n=1).	Not identified.
Underserved Cultural Populations	1 (N=29)	Provide additional supports for caregivers and parents to access services, such as in-home services, transportation assistance, and childcare (n=8).	<u>The following strategies tied for 2nd place:</u> Provide four to six in-home sessions to teach bonding and parenting skills (n=3).	

Table 6. Top Strategies by Priority Population: Children, 0 to 5

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
			<p>Provide support for teachers to deal with students with social and behavioral issues (n=3).</p> <p>Train and recruit staff, and build collaborations in order to address language and cultural needs, particularly for the Asian-Pacific Islander population (n=3).</p>	

CHILDREN, 6 TO 15 YEARS



PRIORITY POPULATIONS. Two breakout sessions/groups were conducted representing Children 6 to 15. These two groups representing Children 6 to 15 identified three priority populations: Children and youth in stressed families, Children and youth at-risk for school failure, and Underserved cultural populations. Table 7 shows the distribution of groups by priority population and the number of participants in the groups who voted for the priority populations representing Children 6 to 15. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups electing the respective priority populations.

Table 7. Percentage of Participants Who Selected the Top Priority Populations for Children, 6 to 15

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and youth in stressed families	2	19	45	42%
Children and youth at risk for school failure	1	7	25	28%
Underserved cultural populations	1	5	20	25%

SUB-POPULATIONS. Table 8 displays the sub-populations for Children and youth in stressed families, Children and youth at-risk for school failure, and Underserved cultural populations that were identified by the participants representing Children, 6 to 15.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations	
	Group 1 (N=25)	Group 2 (N=20)
Children and Youth in Stressed Families	<ul style="list-style-type: none"> • Immigrants, particularly Latinos and Asian Pacific Islanders, as they are often not proficient in English, lack resources, witness traumas, and experience stress and familial conflict. • Children who are abused and/or experience domestic violence, particularly African American, Latino, and Caucasian children. • Children removed from their homes and/or are in failed foster placements. • Single, teenage mothers and pregnant minors. • Children with cognitive deficits, delays, or learning disabilities such as autism, Asperger's Syndrome, or ADHD. • Children in families with substance abuse or mental illness. • Children in poverty stricken families or in families facing economic challenges and/or foreclosures. • Children in families with poor parenting and/or coping skills. • Children and their families impacted by violence and gangs. 	<ul style="list-style-type: none"> • Native Americans who have a cultural disconnect with the urban community. • Families with multi-generational mental illness, substance abuse, and gang involvement. • Victims of economic crisis and/or dealing with chronic poverty. • Children raised by grandparents or older siblings. • Children lacking supervision due to parental work. • Children with non-English speaking parents and/or families lacking access services due to immigration status. • Children exposed to domestic violence or trauma within their family (i.e., suicide, homicide, accidents) and/or violence in their community.
	Group 1 (N=25)	
Children and Youth at risk for School Failure	<ul style="list-style-type: none"> • Students using and/or abusing substances. • Children who are suspended, expelled, truant, or have identifiable problems in school. • Children with diagnosed and undiagnosed learning disabilities and/or neurological deficits; or impacted by prenatal drug exposure. • Children in families not prioritizing school success due to focusing on survival needs such as children earning money or caring for siblings. • Foster youth and/or migrant children who change schools often, lacking continuity of education and school records. • Immigrant children and English language learners in need of more support services. • Students with mental, social, and emotional problems who may not be at-risk of academic failure, particularly Asian students. • Children experiencing school violence or having violent ideations. • Students transitioning from elementary to middle school, and from middle school to high school. 	

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations
	Group 2 (N=20)
Underserved Cultural Populations	<ul style="list-style-type: none">• Native American, Asian, Middle Eastern, Hispanic and African American children and their families.• Families experiencing racism and/or have lack of access to services due to stigma associated with mental health.• Children and families dealing with gender identity and sexual orientation issues.• Children of illiterate or monolingual parents.• Homeless children and families.• Children in multi-generational gang affiliated families.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing five breakout groups advocating for Children 6 to 15 are presented in Table 9.

Table 9. Top Strategies by Priority Population: Children, 6 to 15

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=25)	Provide family resource centers in which all family members can access services needed in one location in a non-stigmatizing manner (n=12).	Increase education, awareness and outreach to the general public and providers regarding available resources and services (n=4).	Provide parenting programs and support services for parents (n=3).
	2 (N=20)	Use a variety of school- based strategies and programs, including parent advocates, staff training, and initial access point (n=11).	Promote youth development strategies (n=6).	Increase communication and media campaigns (n=2).
Children and Youth at risk for School Failure	1 (N=25)	Provide youth programs and activities that are engaging, provide a sense of connectedness, and are delivered in or out of school environments (n=12).	Decrease eligibility requirements for services (n=6).	Treat all children as at-risk children (n=3).
Underserved Cultural Populations	2 (N=20)	Increase parent/child communication skills (n=15).	Use culturally appropriate and faith-based strategies (n=5).	Not indicated.

TRANSITION-AGE YOUTH, 16 TO 25 YEARS



PRIORITY POPULATIONS. Two breakout sessions/groups were conducted representing Transition-Age Youth. Table 10 displays the distribution of breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important for Transition-Age Youth. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table10. Percentage of Participants Who Selected the Top Priority Populations for Transition-Age Youth, 16 to 25

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and youth in stressed families	2	18	40	45%
Underserved cultural populations	2	12	40	30%

SUB-POPULATIONS. Table 11 displays the sub-populations for the two priority populations identified above by participants representing Transition-Age Youth.

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations	
	Group 1 (N=25)	Group 2 (N=15)
Children and Youth in Stressed Families	<ul style="list-style-type: none"> • Families at risk of having children removed from the home. • TAY in families with mental illness and/or substance abuse issues. • TAY living in communities that are gang infested, have high drug trafficking, and/or violence. • TAY with incarcerated parent(s), or family members involved in the criminal justice system. • Immigrant TAY and their families undergoing cultural adjustments, specifically language adjustment. • TAY in out of home care, transitioning to/from out of home care, or transitioning into their own independent living situation. • TAY attending high schools with high drop out rates. • TAY who are homeless, or at risk of being homeless. • TAY and their families who are uninsured. • Illiterate TAY and family members. • TAY who are single parents. 	<ul style="list-style-type: none"> • Russian, Armenian and Arab youth, specifically recent immigrants. • Immigrants affected by intergenerational conflicts and substance abuse. • Southeast Asian and other Asian-American youth labeled “model minorities” or “parachute kids” (those living in the United States while parents remain in country of origin) but are nevertheless at risk. • Asian-Pacific Islander youth who are second generation, specifically Chinese who may experience generational challenges. • LGBTQ youth. • Foster care and emancipating youth. • Youth with family members involved in foster care, juvenile justice system, gangs, substance abuse, and/or gambling addictions. • Youth with mentally ill family members. • Youth with parents in the criminal justice system. • Youth with unavailable parents due to work or single-parent status. • Homeless TAY.
	Group 1 (N=25)	Group 2 (N=15)
Underserved Cultural Populations	<ul style="list-style-type: none"> • LGBTQ transition-age youth. • Undocumented and/or non-English speaking immigrants, especially Spanish-speaking and Armenian TAY. • Unidentified Asian American youth at-risk for school failure due to delinquent behaviors. • African American TAY. • TAY who are pregnant or are parents. 	<ul style="list-style-type: none"> • Russian, Armenian and Arab youth, specifically recent immigrants. • Immigrants affected by intergenerational conflicts and substance abuse. • South-east Asian and other “healthy functioning” Asian-American youth who are at risk but not identified due to “model minority” perception. • Asian-Pacific Islander youth who are second generation, specifically

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations	
	<ul style="list-style-type: none"> • TAY who are incarcerated or have a criminal history. • TAY who are victims of crime. 	<p>Chinese who may experience generational challenges.</p> <ul style="list-style-type: none"> • LGBTQ youth, especially those with self-esteem or “coming out” issues. • Youth at-risk for gang-recruitment. • Drop-out TAY. • Uninsured TAY who are emancipating. • TAY in transition, specifically those transitioning in and out of institutions or schools.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing groups advocating for Transition-Age Youth are presented in Table 12.

Table 12. Top Strategies by Priority Population: Transition-Age Youth, 16 to 25

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=25)	Educate law enforcement, probation and parole officers, school officials, DCFS and caregivers on the early signs of mental illness (n=7).	Increase number of experienced, licensed, multilingual and culturally competent mental health service providers (n=4).	Use lay community mental health workers/Promotoras (n=3).
	2 (N=15)	Provide low cost housing for TAY, with on-site services and resources (n=8).	Increase TAY-specific opportunities such as mentoring, job training, employment, and alternative recreational and arts activities (n=3).	Provide emergency room- based social workers to assess mental health risk for patients and their families (n=2).
Underserved Cultural Populations	1 (N=25)	Provide outreach and education on access to PEI services in non-traditional settings (i.e., churches, grocery stores) using local and language-specific media including the internet (n=9).	Create linkages between TAY and community supports, including, job opportunities, internships, and entrepreneurship (n=7).	Use a standard definition of "cultural competence" that evolves over time, is age appropriate, and covers multi-generations (n=2).
	2 (N=15)	Provide community-based centers for youth engagement and activities (n=7).	Provide culturally representative mental health providers and materials to cultural, ethnic, and LGBTQ populations (n=5).	<p><u>The following strategies tied for 3rd place:</u></p> <p>Provide recreational/art programs to youth (n=1).</p> <p>Provide school-based screenings for referred youth for mental health risk-factors (n=1).</p> <p>Increase parenting education for populations isolated due to language, cultural divide, or immigrant status (n=1).</p>

ADULTS, 26 TO 59 YEARS



PRIORITY POPULATIONS. Two age-specific breakout groups and two-language-specific (Mandarin- and Cantonese-language) breakout groups were conducted representing Adults, 26 to 59. A third Adult breakout group was combined with an Older Adult breakout group and is reported on separately. In addition, Adults was selected as a priority age category in the Vietnamese-language breakout group. These five groups representing Adults 26 to 59 identified four priority populations. Table 13 shows the number of participants who voted for the priority populations selected in relation to the total number of participants in the five breakout groups.

Table 13. Percentage of Participants Who Selected the Top Priority Populations for Adults, 26 to 59

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	3	29	58	50%
Individuals experiencing onset of serious psychiatric illness	2	19	45	42%
Trauma-exposed	3	25	73	34%
Children and youth in stressed families	1	4	15	27%

SUB-POPULATIONS. Table 14 displays the Adults sub-populations for the four priority populations identified above.

Table 14. Priority Population Sub-populations: Adults, 26 to 59

Priority Populations	Sub-populations		
	Group 1 (N=27)	Group M (N=15)	Group C (N=16)
Underserved Cultural Populations	<ul style="list-style-type: none"> • Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community. • Latino, African American, Asian-American, Asian-Indian, and Chinese populations. • Recent immigrants and/or non-English speaking adults. • Homeless. • College students. • Low income and uninsured adults. • Adults with dual diagnoses. • Adults experiencing complex trauma. • War veterans. • Parolees and probationers transitioning back into community. 	<ul style="list-style-type: none"> • Immigrants with limited English proficiency and/or health care. • Adults and their families who do not qualify for public benefits. • Adults lacking knowledge/skills to deal with children or family members with psychiatric illness. • Individuals and families that are on the verge of, or experiencing serious financial difficulties. • Physically ill or disabled adults. • Adults without transportation. 	<ul style="list-style-type: none"> • Immigrants and other adults experiencing cultural barriers. • Non-English speaking adults. • Adults who are unaware of mental illness issues and community resources for treatment/support. • Families experiencing social and economic barriers (i.e., poverty, low-income, lack of education). • Adults dealing with stigma/cultural barriers, such as Chinese need to “save face.”
	Group 2 (N=30)		Group M (N=15)
Individuals Experiencing Onset of Serious Psychiatric Illness	<ul style="list-style-type: none"> • African American males. • Latinos who are experiencing depression. • Pacific Islanders. • Homeless males. • Adults suffering from dual disorders. • Single parents. • Veterans. 		<ul style="list-style-type: none"> • Asians. • Adults with limited English proficiency, including new immigrants. • Adults lacking access to services due to language, undocumented status, and/or stigma regarding mental health. • Adults not receiving services because they are not displaying a full range of symptoms. • Grief and trauma-exposed adults. • Victims of natural disasters. • Stressed parents, due to various family pressures.

Table 14. Priority Population Sub-populations: Adults, 26 to 59

Priority Populations	Sub-populations		
	Group 1 (N=27)	Group 2 (N=30)	Group C (N=16)
Trauma-Exposed	<ul style="list-style-type: none"> • Parents of children diagnosed with autism. • Families dealing with immigration issues. • Latino and Asian adults who experienced traumatic events in their homeland. • Asian/Indian women who have experienced domestic violence in their homeland. • People diagnosed with HIV/AIDS. • Veterans of wars in Iraq and Afghanistan. • Victims of disasters and accidents. • Victims of violence and/or hate crimes. • Women who have been raped and/or abused. • Adults who have lost children or other family members. • Victims of financial crisis. 	<ul style="list-style-type: none"> • Adults who suffered child abuse. • Victims of violent crimes. • Adults who have lost loved ones. • Families suffering severe economic hardships. • Socially isolated adults. • Returning veterans. • Recently released parolees. • Women who are victims of rape and/or domestic violence. • Adults with physical disabilities. 	<ul style="list-style-type: none"> • Single parents. • Rape victims. • Emotionally and/or physically abused adults in domestic relationships. • Adults experiencing death or loss of family members. • Mentally and/or physically disabled adults. • Adults experiencing prolonged discrimination and racism. • Refugees traumatized by war experiences.
	Group V (N=15)		
Children and Youth in Stressed Families	<ul style="list-style-type: none"> • Adults abusing substances. • Families who do not have health insurance due to poverty. • Broken families and single parents. • Adults experiencing domestic violence. • Women who experience miscarriage. 		

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing five groups advocating for Adults are presented in Table 15.

Table 15. Top Strategies by Priority Population: Adults, 26 to 59

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=27)	Collaborate and integrate services between agencies (n=12).	Increase and improve outreach (n=6).	Provide additional training and education (n=5).
	M (N=15)	Provide education, classes and support groups for families (n=11).	Provide language-specific, low-fee or free services (n=4).	N/A
	C (N=16)	Educate mental health and medical professionals, patients, families, and the public about cultural sensitivity when providing assistance to minority groups such as the Chinese population (n=11).	Provide mental health services at different locations that are convenient to consumers to increase accessibility (n=3).	Increase SSI amount received by each individual and increase health insurance coverage to access mental health services (n=2).
Individuals Experiencing Onset of Serious Psychiatric Illness	2 (N=30)	Expand local services; including increasing criteria of what can be treated, availability of housing for mentally ill, access to bilingual peer educators, transportation to services, and developing a 24-hour one-stop family resource center (n=11).	Provide transitional services by peer counselors and housing that is not overcrowded (n=5).	<p><u>The following strategies tied for 3rd place:</u></p> <p>Educate primary care providers and the community in order to reduce the stigma of mental illness (n=3).</p> <p>Coordinate services by the Los Angeles County Housing Authority; including educating clients about the grievance processes, and improving the case management and referral process (n=3).</p> <p>Target outreach to underserved communities, such as African Americans, Latinos, and Pacific Islanders (n=3).</p>
	M (N=15)	Provide language-specific, low-fee or free services (n=7).	Provide linguistically-appropriate media outreach (n=6).	Not indicated.

Table 15. Top Strategies by Priority Population: Adults, 26 to 59

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Trauma-exposed	1 (N=27)	Provide culturally and linguistically competent prevention and early intervention services (n=9).	<u>The following strategies tied for 2nd place:</u> Use peer-to-peer support groups (n=7). Collaborate and integrate services between agencies (n=7).	Specific services for particular sub-populations (n=3).
	2 (N=30)	Establish one-stop, 24-hour family resource centers in high-need neighborhoods (n=8).	Develop peer-run drop in support centers (n=5).	<u>The following strategies tied for 3rd place:</u> Provide support services to the families of trauma-exposed adults (n=4). Increase outreach to the community, law enforcement, and health care providers about mental health issues and existing services (n=4).
	C (N=16)	Educate professionals, patients and their families, media, and school personnel about trauma-exposed signs, symptoms, and treatments (n=9).	Expand linguistically and culturally sensitive treatment and support services to individuals experiencing trauma (n=5).	Provide mental health services, job training, and "La Casa" model in community-centered locations (n=2).
Children and Youth in Stressed Families	V (N=15)	Provide free counseling services to prevent major mental health issues (n=4).	Provide free transportation to/from medical offices/agencies for services (n=2).	Use employment programs to help adults with physical difficulties earn money and reduce stress (n=1).

OLDER ADULTS, 60+ YEARS



PRIORITY POPULATIONS. One breakout group was conducted representing Older Adults. A second Older Adult breakout group was combined with an Adult breakout group and is reported on separately. Table 16 shows the number of participants who voted for the priority populations selected in relation to the total number of participants in the one Older Adults breakout group.

Table 16. Percentage of Participants Who Selected the Top Priority Populations for Older Adults, 60 Plus

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	1	5	8	63%
Trauma-exposed	1	2	8	25%

SUB-POPULATIONS. Table 17 displays the Older Adults sub-populations for the two priority populations identified above.

Table 17. Priority Population Sub-populations: Older Adults, 60 Plus

Priority Populations	Sub-populations
	Group 1 (N=8)
Underserved Cultural Populations	<ul style="list-style-type: none"> • Immigrant and non-English speaking older adults, particularly Hispanics and Asians. • Older adults reluctant to seek supports outside of the family and lacking knowledge about mental health needs due to cultural norms. • LGBTQ community. • Silent generation (born 1928-1945) and Baby Boomer generation (born 1946-1964). • Sandwich generation who are caregivers to their parents and raising young children. • Older adults who have transportation limitations, particularly women. • Refugees who fear seeking services. • Impoverished and/or homeless older adults.
	Group 1 (N=8)
Trauma-exposed	<ul style="list-style-type: none"> • Widowed, widowers, and those experiencing grief and loss. • Older adults who experienced accidents, medical ailments, physical or impairments that impact mobility and independence. • Victims of elder abuse, or gang/community violence. • Older adults who experienced the death of adult children. • Individuals with earlier traumas that are renewed in older adulthood. • Older adults who are impoverished, have financial problems, and/or are on a fixed income. • Older adults with prolonged trauma due to language barriers and/or social isolation. • Older adults that self medicate, have substance abuse problems or other addictions. • Homeless older adults.

STRATEGIES. The two to three top strategies corresponding to the priority populations elected by the participants in the Older Adults breakout group are presented in Table 18.

Table 18. Top Strategies by Priority Population: Older Adults, 60 Plus

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=8)	Provide linguistically and culturally appropriate outreach, education, services and materials (n=4).	Use mobile or one-stop services to address transportation needs and to empower older adults (n=2).	<u>The following strategies tied for 3rd place:</u> Collaborate with existing faith-based communities, senior centers, etc. (n=1). Provide life skills psycho-education and support groups via collaborations with existing community agencies (n=1).
Trauma-Exposed	1 (N=8)	Use a linguistically and culturally appropriate approach for the entire spectrum of PEI services, from outreach and materials to service delivery (n=5).	<u>The following strategies tied for 2nd place:</u> Provide advance planning assistance (n=1). Provide caregiver supports such as education, training, and respite care (n=1). Use older adult peer mentors, role models, and a strength-based approach (n=1).	N/A

ADULTS, 26-59 AND OLDER ADULTS, 60+ YEARS COMBINED



PRIORITY POPULATIONS. To manage the overflow of community forum participants who represented Adults and Older Adults, one combined breakout group was conducted. Table 19 shows the number of participants representing Adults and Older Adults who voted for the priority populations selected. The table also shows the relative weight between the two selected priority populations.

Table 19. Percentage of Participants Who Selected the Top Priority Populations for Adults and Older Adults Combined

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved cultural populations	1	15	28	54%
Trauma-exposed	1	11	28	39%

SUB-POPULATIONS. Table 20 displays the priority population sub-populations identified by the Combined Adults and Older Adults breakout session.

Table 20. Priority Population Sub-populations: Adults and Older Adults Combined

Priority Populations	Sub-populations
	Group 1 (N=28)
Underserved Cultural Populations	<ul style="list-style-type: none"> • Homeless adults. • Asian Pacific Islander/Filipino adults and older adults. • Low income adults and older adults. • LGBTQ adults and older adults. • Immigrant adults and older adults, and those facing stigma and linguistic and cultural challenges. • Adults and older adults suffering from the loss of a child, spouse, or family member. • Older adults who are residents of nursing facilities or homebound, and their caregivers. • Older adults suffering from dementia. • Deaf older adults. • Older adults who lack health insurance.
	Group 1 (N=28)
Trauma-exposed	<ul style="list-style-type: none"> • Adults suffering from drug and/or alcohol abuse. • Adults and older adults who have been victims of physical, fiduciary, and/or sexual abuse. • Adults and older adults with disabilities and other health conditions. • Immigrant and refugee adults and older adults, as well as those facing cultural and linguistic isolation. • Adult and older adult veterans. • Adults and older adults who have lost a child or family member. • Adults and older adults who have been relocated or placed in a facility outside of home. • Adults in chronic poverty and older adults experiencing loss of financial independence. • Homeless older adults.

STRATEGIES. The two to three top strategies corresponding to the priority populations elected by the participants in the Combined Adults and Older Adults breakout group are presented in Table 21.

Table 21. Top Strategies by Priority Population: Adults and Older Adults Combined

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=28)	Educate the public, gatekeepers, community- and faith-based agencies, doctors, mental health providers, and law enforcement (across all sectors) to be linguistically and culturally competent (n=15).	<u>The following strategies tied for 2nd place:</u> Provide case management (n=3). Provide support networks, including support groups, counseling and advocacy (n=3).	Integrate and coordinate services across all sectors (n=2).
Trauma-exposed	1 (N=28)	<u>The following strategies tied for 1st place:</u> Educate the public, gatekeepers, community- and faith-based agencies, doctors, mental health providers and law enforcement (across all sectors) to be linguistically and culturally competent (n=6). Coordinate and integrate all services across sectors by way of a mental health liaison to educate and bridge gaps in service provision (n=6).	Provide support networks; including support groups, counseling, pet therapy, advocacy, Social Security, and in-home counseling (n=5).	Provide oversight and legal advocacy (n=2).

VI. RECOMMENDATIONS FOR ADDITIONAL NEEDS OR POPULATIONS

At the end of the breakout session, participants were asked to identify any additional needs or populations that were not addressed during the discussion around priority population strategies. The suggestions offered are presented below by age and language groups.

ADDITIONAL NEEDS OR POPULATIONS	
Children (0 to 5)	<ul style="list-style-type: none"> • Address the following service needs: <ul style="list-style-type: none"> ○ Peer trainers to reach parents of young children. ○ Education and training for preschool teachers to spot signs of mental health problems. ○ Education for parents regarding risk factors contributing to mental illness, and how to access various levels of support (i.e., parenting classes, DMH services, support services). ○ More education/support for classroom teachers (infant-preschool) on in-class intervention strategies they can use to deal with children with extreme behavior issues (e.g., teacher support groups or on-line support for teachers to go for advice, suggestions from mental health professionals or peers/other teachers). ○ Parenting education and support for other primary caregivers. ○ For children exposed to trauma such as witnessing domestic violence or parental substance abuse, enhance relationship with non-violent parent, use parent-child therapy, and teach children non-violent behavior as prevention work in schools and counseling centers that can include teasing/bullying, coping skills, and asking for help. • Improve/increase information sharing/collaboration/linkages/cross-training between agencies who are working with same children and families utilizing multiple agencies. • Increase information sharing amongst providers and parents regarding policy issues affecting Children 0-5. • Consider eliminating requirement for medical necessity (no EPSDT), allowing the use of DC: 0-3 tool instead of DSM-IV to identify diagnostic and eligibility criteria for children. • Consider ways to document outcomes of strategies and their interventions. • Consider ways to more adequately address the mental health needs of families/children living within culture of poverty (if their basic needs are not being met, then it is difficult to address mental health needs). • Consider provision of funds for emergency needs (i.e., food, temporary shelter, child safety items, utilities) to reduce stress on families and ensure secure home environment for healthy development of children 0-5.
Children (6 to 15)	<ul style="list-style-type: none"> • Address the needs of the following populations: <ul style="list-style-type: none"> ○ Middle-class students who are generally successful in school but may still be at risk for mental health issues or are suicidal (e.g., gay teens). ○ Trauma exposed children and their families. ○ Children with a predisposition for chronic mental illness. ○ Deaf and hard of hearing children. ○ Children in out of home care, whether removed by DCFS or for other reasons. ○ Native American population. • Consider barriers to provider/agency collaborations due to confidentiality requirements. • Consider the need for non-traditional indicators for identifying at-risk students. • Consider more flexible funding strategies.

ADDITIONAL NEEDS OR POPULATIONS

Transition Age Youth (16-25)

- Address the following service needs:
 - Respectful and tactful DCFS and LCSW staff working with TAY and their families who put into practice knowledge of development life cycle and mental health.
 - More community-based services.
 - Lay community training, including non-traditional advertising on the internet, in faith-based organizations, the mall, etc.
 - Programs, projects and activities that are designed with an asset-based approach that capitalizes on known protective factors that are specific to certain ethnic/cultural groups and seek to identify additional protective factors.
 - Interracial conflict resolution.
 - Student assistance programs.
 - Prevention assessment and referral.
 - Training for professionals on prevention rather than treatment.
 - Parenting education to incarcerated individuals.
 - Language specific mental health services to Armenian immigrants.
 - Education and community outreach approaches aimed at de-stigmatizing mental health services, to identify depression prior to its escalation into suicide.
 - Expansion of transitional housing by providing low-cost TAY housing.
 - TAY job training, education, consultation, mental health services, and mentors.
- Programs aimed at instilling TAY with self-esteem, passion and knowledge.

Adults (26-59)

- Conduct public awareness campaigns in a broad variety of languages that present mental health issues without stigma and promote local mental health success stories.
- Hire individuals who have successfully transitioned from probation or parole to assist those transitioning from jail to the community.
- Establish an independent oversight body that includes consumers to evaluate the spending of PEI funds.

Older Adults (60 Plus)

- Address the service needs of older adults who are under-educated, illiterate, and/or have learning disabilities.
- Address older adults' need for assistance with (or financial assistance to pay for) daily living activities such as hygiene and housework.
- Consider engaging and training older adults as volunteers.

Adults and Older Adults Combined

- Address the following service needs:
 - Computer training.
 - Nutrition.
 - Education seminars and support groups for women, men, and older adults; including humor, arts and crafts, dance, yoga, and legal training and advocacy.
 - Volunteers to assist older adults in the evening hours.
 - Gambling problems among older adults, especially immigrants.
 - Socialization programs/services as alternative to gambling, isolation and other mental health issues such as depression.
 - Substance abuse and co-occurring disorders.
 - Suicide prevention in older adults.
- Address the service needs of the following populations:
 - LGBTQ older adults who are often overlooked, even at senior centers.
 - Single women with children.

ADDITIONAL NEEDS OR POPULATIONS

	<ul style="list-style-type: none"> ○ Hoarders/clutterers. ○ Older adults with a disabled adult child. <p>Consider letting community-based organizations provide direct services to consumer.</p>
Mandarin-language Group	<ul style="list-style-type: none"> • Address the service needs of the following populations: <ul style="list-style-type: none"> ○ Middle school and high school students. ○ Trauma-exposed children and adults, especially survivors of domestic violence and those experiencing post-traumatic stress disorder. ○ Older adults. ○ Immigrants without legal status or recent arrivals. ○ Children lacking a family network, especially young children without immediate family, such as those sent to the United States for schooling. • Consider offering language-specific legal assistance. • Provide support for caregivers.
Cantonese-language Group	<ul style="list-style-type: none"> • None indicated.
Vietnamese-language Group	<ul style="list-style-type: none"> • None indicated.